

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581062

FILING DATE

18 JAN 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	3		/			
5	3		/			
6	1		/			
7	1		/			
8	3		/			
9	3		/			
10	3		/			
11	3		/			
12	3		/			
13	3		/			
14	3		/			
15	3		/			
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TOTAL IND.	/		/			
TOTAL DEP.	22		16			
TOTAL CLAIMS	23		17			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						